AMGEN INC Form 4 March 31, 2015

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Harper Sean E Issuer Symbol AMGEN INC [AMGN] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title _ Other (specify ONE AMGEN CENTER DRIVE 03/27/2015 below) EVP, Research & Development

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

(Zip)

Applicable Line)
X Form filed by One Reporting Person
__ Form filed by More than One Reporting Person

6. Individual or Joint/Group Filing(Check

THOUSAND OAKS, CA 91320-1799

(State)

(City)

Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficiany Owned								
2. Transaction Date	2A. Deemed	3.	4. Securities Ac	equired (A)	5. Amount of	6.	7. Nature of	
(Month/Day/Year)	Execution Date, if	Transactio	omr Disposed of	(D)	Securities	Ownership	Indirect	
	any	Code	(Instr. 3, 4 and 3	5)	Beneficially	Form:	Beneficial	
	(Month/Day/Year)	(Instr. 8)			Owned	Direct (D)	Ownership	
					Following	or Indirect	(Instr. 4)	
			(4)		Reported	(I)		
					Transaction(s)	(Instr. 4)		
		Code V		Price	(Instr. 3 and 4)			
		Couc v	Amount (D)					
03/27/2015		F	28,624 D	160.55	75,920 (1) (2)	D		
	(Month/Day/Year)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)	2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8) Code V	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) or Code V Amount (D)	2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	2. Transaction Date (Month/Day/Year) 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of Securities any (Month/Day/Year) (Instr. 3, 4 and 5) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) (Instr. 3 and	2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 3, 4 and 5) Execution Date, if any (Month/Day/Year) (Instr. 8) (Instr. 4) (Instr. 3 and 4) (Instr. 4) (I	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

Table I. Non Darivative Securities Acquired Disposed of an Reposicially Ou

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: AMGEN INC - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Α.			
									mount		
						Date	Expiration	or			
						Exercisable	Date		umber		
								of			
				Code V	(A) (D)			Sł	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Harper Sean E ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799

EVP, Research & Development

Signatures

/s/ Sean E. 03/31/2015 Harper

**Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations, See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 2,040 RSUs which vest in one installment of 2,040 on 4/25/2015; 5,799 RSUs which vest in two installments of 2,856 and 2,943 on 4/27/2015 and 4/27/2016,

- respectively; 5,010 RSUs which vest in one installment of 2,467 on 1/28/2016 and one installment of 2,543 on 1/28/2017; 5,044 RSUs which vest in three installments of 1,664, 1,665 and 1,715 on 1/31/2016, 1/31/2017 and 1/31/2018, respectively; and 3,940 RSUs which vest in two equal installments of 1,300 on 1/30/2017 and 1/30/2018 and one installment of 1,340 on 1/30/2019. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- These shares include 677 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive
 Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional share amount.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2